

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-1936.M2**

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

December 18, 2002

**Re: IRO Case # M2-02-0810-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a now 50-year-old female who in \_\_\_ was lying in the sleeping area of a truck when the truck went off the road and she was bounced about considerably. She developed neck and low back pain. X-rays of those areas taken in the emergency room were normal. Her symptoms continue, now mainly in the neck and right arm, and there is some difficulty in the lower extremities. It is noted in some of her fairly recent medical material that the patient has some rather exquisite tenderness in both the back and neck. Epidural steroid injections in the cervical spine were helpful. There are no new

neurological findings suggesting nerve root or other nerve difficulties, and EMG and conduction studies have been normal on two occasions.

Requested Service

Brachial plexus decompression

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

It was proposed that the right side be done initially, and then probably the left side as well.

It is extremely unusual for the problem of brachial plexus pathology to be bilateral when it is thought secondary to trauma. In addition, the patient has had epidural steroid injections which have been beneficial, and this would not relate whatsoever to the brachial plexus.

The patient has had normal examinations both on physical and electrodiagnostic testing, and this is rather unusual when there is significant brachial plexus pathology. It is very unlikely that the proposed operative procedures would be of any benefit to the patient.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

